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EARLY OSTEOARTHRITIS COHORT OF HIP AND KNEE: THE CHECK STUDY*

J Wesseling¹, JW Bijlsma¹, IC Lether²¹Rheumatology & Clinical Immunology, University Medical Hospital Utrecht, Utrecht, Netherlands; ²Scientific Research, Dutch Arthritis Association, Amsterdam, Netherlands

Aim of the study: CHECK is a prospective multicentre 10-year follow-up study on the development of osteoarthritis (OA) in patients with early complaints of hip or knee. The study has two major objectives. One is to follow the course of the functional status of patients to identify prognostic factors to predict and to explain the course of OA in an early stage of the disease. The second objective is to study the mechanisms that cause joint damage and to identify markers for diagnosis and course of joint damage.

Methods: Inclusion criteria are: patients with complaints (pain and/or stiffness) of knee and/or hip, aged 45-66 years, who never or not longer than 6 months ago have visited the general practitioner for these complaints. Based on defined criteria modified according to the ACR criteria patients are divided into 2 groups: variable cohort (patients will possibly develop OA) and annual cohort (patients will probably develop OA). The patients in the annual cohort will have a visit each year. The patients in the variable cohort will have visit at 0, 2, 5, 10 year. The visits at the study centre include each year an intake, physical examination, questionnaires (based on coping, social support, physical assessment, health care use and the Western Ontario and McMaster Universities Osteoarthritis Index- WOMAC), standardized radiographs, blood and urine analysis (0,2,5,10 year). Radiographs of both hips and both knees are taken according to a standard protocols (J.C. Buckland-Wright and M.G. Lequesne).

Results: At the moment almost 1000 patients are included; 78% are female with a mean of 57,18 years for women and 57,96 years for men. Based on preliminary results, the mean score on the WOMAC for pain is 74,4; for stiffness is 63,8 and functional activities is 76,6 (100 representing the best health status and 0 the worst possible health status.) The results of the radiographic evaluation on the knee showed 27% with Kellgren & Lawrence score 0; 72% with KL 1 and 1% with KL 2-3. For the hip we scored, respectively 72%; 16% and 12%.

Our study cohort is clearly different from other published cohorts with OA patients, such as the Bristol 'OA500 study' of Dieppe et al, that comprised 342 women (mean age 65,3) and 158 men (mean age 59,7). In contrast to our study, in the Bristol study the painful joint sites had to be accompanied by typical radiographic changes of OA. For disability they used the Steinbrocker functional class, 31% of all patients were in functional classes 3 or 4 and a further 52,5% were in functional class 2.

Conclusion: We were able to form a cohort with nearly 1000 patients with early osteoarthritis, clearly different from the well-described cohorts with established osteoarthritis.

***On behalf of the institutes involved:** University Medical Center Leiden, Erasmus Medical Center, University Medical Center St.Radboud, Medical Spectrum Twente, Twenteborg Hospital, Academic Hospital Maastricht, Jan van Breemen Institute/Academic Medical Center Amsterdam, Wilhelmina Hospital Assen, Martini Hospital Groningen, Kennemer Gasthuis Haarlem, University Medical Center Utrecht.

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ASSESSMENT OF PATIENTS WITH KNEE OR HIP OSTEOARTHRITIS IN PRIMARY CARE SETTING: THE ARPEGE SURVEY

F Rannou¹, M Jardinaud-Lopez², M Revel¹, S Poiraudou¹¹Physical Medicine and Rehabilitation, Hopital Cochin AP-HP, Universite Paris 5, Paris, France; ²Pfizer, Paris, France

Background: It is unclear whether patients consulting their general practitioners (GPs) for hip or knee osteoarthritis differ in term of demographic and clinical characteristics.

Objective: To assess and compare demographic and clinical characteristics of patients with knee or hip osteoarthritis.

Methods: We conducted a cross sectional national survey in primary care setting. 1474 GPs enrolled 4183 patients with hip or knee osteoarthritis. Patients' demographic and clinical characteristics were recorded by their GPs, pain level was assessed on a 11 point numeric scale (0-10), disability by the WOMAC questionnaire (1-100) and Lequesne index (0-24), quality of life by the MOS SF 36 (0-100). Comparisons were realized using ANCOVA, correlations between pain, disability, and quality of life were assessed by the Spearman's rank correlation coefficient.

Results: Records of 4133 patients (98.8%) were analyzed (2540 knee osteoarthritis, 1593 hip osteoarthritis). There was no clinical meaningful difference between patients with knee and hip osteoarthritis for age (67.1 ± 10.3 and 67.2 ± 9.9 years), sex (60.5% and 55.1% females), BMI (28.2 ± 4.8 et 26.9 ± 4.0 kg/m²), education level, sports activities, cardio-vascular and gastrointestinal comorbidities, disease duration (5.9 ± 5.0 and 5.5 ± 4.8 years), pain level (5.2 ± 2.1 and 5.3 ± 2.0), disability (12.0 ± 4.2 and 11.8 ± 4.3 for the Lequesne index and 45.8 ± 19.3 and 45.3 ± 17.3 for the WOMAC), quality of life (32.0 ± 8.4 and 31.8 ± 8.4 for the physical component and 47.1 ± 10.9 and 46.8 ± 11.1 for the mental component scores of the SF 36). Correlation coefficients between pain, disability, and quality of life were comparable in both groups. Finally, GPs more often consider that their patients with hip osteoarthritis will require prosthetic replacement in the future than those with knee osteoarthritis (52.4% and 35.6%).

Conclusions: In primary care setting, patients with knee or hip osteoarthritis have similar demographic characteristics, pain and disability levels and perceived quality of life.

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PATIENT ATTITUDE TO KNEE REPLACEMENT SURGERY IN PERUVIAN PATIENTS WITH KNEE OSTEOARTHRITIS

LA Mendoza, M Maldonado, E Sedano, H Rueda, A Salinas, C Arias, P Cornejo, JA Roman-Blas

Pain & Musculoskeletal Dis, National Institute of Rehabilitation, Lima, Peru; Dos de Mayo Hosp, Lima, Peru; Rheumatology, Loayza Hosp, Lima, Peru; Rheumatology, Angamos Clin, Lima, Peru; Rheumatology, Sabogal Hosp, Lima, Peru; Bermudez Clin, Lima, Peru; Loayza Hosp, Lima, Peru; Rheumatology, Thomas Jefferson University, Philadelphia

Objectives: Since joint surgery is seen as the endpoint of non-surgical interventions failure in knee OA. We examine the attitude of peruvian patients with knee OA to knee replacement surgery as a potential therapeutic intervention for their disease, and several clinical variables from the patient perspective.

Methods: Forty six out-patients with knee OA attending rehabilitation and rheumatology clinics in several hospitals in Lima-Peru were selected by inclusion and exclusion criteria. We used self-reported measures. The variables analyzed were: age, body mass index (BMI), pain, stiffness and physical disabilities duration, VAS global pain, WOMAC subscales and WOMAC Index, VAS patient global assessment, radiological grade by Kellgren &

Lawrence scale. The sample was divided in two groups A and B. Group A with patients who accept knee replacement surgery as a potential therapeutic intervention for their knee OA, and group B with patients who do not accept it. The variables were analyzed using statistical analysis system (SPSS), we used Levine test and t-student to determine statistical difference between means.

Results: In our sample, we found that group B (71.74%) was significant higher than group A (28.26%) ($p = 0.0025$). In group B ($n=33$), 59% patients were in grade 3-4 and 33% in grade 2, according to K&L scale. Mean (\pm SD). Their age was 68.24 (± 8.06), BMI: 28.57 (± 5.06), pain duration: 5.31y (± 5.59), stiffness duration: 1.64y (± 2.21), physical disabilities duration: 1.76y (± 2.04), global pain: 5.51 (± 1.41), WOMAC pain: 20.42 (± 9.14), WOMAC stiffness: 4.97 (± 4.41), WOMAC function: 63.24 (± 33.20), WOMAC index: 37 (± 18), patient global assessment: 5.75 (± 1.4). In group A ($n=13$), 58% patients were in grade 3-4 and 41% in grade 2, according to K&L scale. Mean (\pm SD). Their age was 61.62y (± 7.69), BMI: 28.49 (± 3.99), pain duration: 4.17y (± 3.92), stiffness duration: 1.67y (± 2.44), physical disabilities duration: 1.35y (± 2.56), global pain: 6.24 (± 2.44), WOMAC pain: 20.27 (± 11.78), WOMAC stiffness: 6.43 (± 6.19), WOMAC function: 62.88 (± 45.19), WOMAC index: 37 (± 26), patient global assessment: 5.60 (± 3.05). The analysis of the difference between means showed to be significant ($p < 0.05$) for the variable age. Other variables did not show statistically significant differences.

Conclusion: In this sample of patients with knee OA, a significant higher number of patients do not accept knee replacement surgery as a potential therapeutic intervention for their disease. The age seems to be a significant factor on this response, being elder people who do not accept this surgery, whereas younger do it. Our findings highlight the relevance of non-surgical interventions in peruvian patients with knee OA

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AN EPIDEMIOLOGICAL STUDY OF OSTEOPOROSIS IN 1230 PATIENTS: PREVALENCE OF HAND OSTEOARTHRITIS

I Moller Parera, C Moragues Pastor, J Sanchez Garcia, N Marti Gasulla
Rheumatology, Poal Institute, Barcelona, Spain

Objectives: Evaluate the epidemiological, clinical, and densitometric characteristics and the associated risk factors in a population of patients diagnosed of Osteoporosis (OP) attending an outpatient rheumatology clinic.

Methods: All patients with a densitometric diagnosis of OP seen at a rheumatology clinic for 16 months were evaluated using specific software for monitoring OP patients. The collected data included age, risk factors for osteoporosis, associated vertebral, non-vertebral and hip fractures, concomitant diseases, and densitometric values obtained using DEXA.

Results: A total of 1230 patients were studied. They were all women. Of these, 22.69% were under 56 years of age, and 2.21% were older than 80 years. No associated risk factors were reported by 26.7% of women. A history of fragility fractures – of which 33.57% were vertebral, 3.25% hip, and 63.18% non-vertebral fractures – was found in 25.9% of patients. A history of early menopause was elicited in 19.97% of patients.

Among patients with vertebral fractures, 61.29% had a DEXA with T values < -2.5 in the lumbar spine.

Of patients with hip fracture, 55.56% had DEXA with T < -2.5 in the hip.

Among patients with non-vertebral fractures, 30.29% had a T value < -2.5 in the lumbar spine and hip.

The most prevalent concomitant diseases included hyperlipidemia 14.55%, HBP 13.25%, and interphalangeal nodules 11.74%.

Conclusion: Women under 56 years represented the largest group of patients seen at an outpatient rheumatology clinic. Association of osteoporotic fracture with DEXA values in the osteoporotic range is low. Interphalangeal nodules were seen in 11.74% of patients.

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JOINT PAIN-RELATED IMPAIRMENT AND COLON CANCER: A POPULATION-BASED STUDY

SJ Morewitz
Department of Podiatric Medicine, California School of Podiatric Medicine, Oakland, CA

Aim of Study: Joint pain, which is prevalent in many societies, can severely impair occupational, family, and social functioning and adversely affects quality of life. Research is needed to assess the impact of joint pain on individuals who suffer chronic diseases, such as cancer, diabetes, and cardiovascular disease. To what extent do persons suffering from chronic diseases also experience substantial impairment in their social, family, and occupational functioning and decreased quality of life due to joint pain? What levels of joint pain frequency and severity result in impairment in functioning among persons with co-morbid health problems? The effects of joint pain may be mediated by other factors such as gender, race/ethnicity, age, occupation, and physical activity. More research is also needed to evaluate the relative effects of these factors on joint pain impairment in persons with chronic diseases. The following study tests the null hypothesis that joint pain is not associated with mobility impairment in persons with colon cancer after controlling for possible predictor variables.

Methods: The findings from the population-based 1998 National Health Interview Survey ($N=30,534$ adults) were used. Descriptive and correlational procedures evaluated the possible association between pain aching at joints in the past 12 months and difficulty walking 1/4 mile without special equipment in persons with a history of colon cancer after adjusting for age, gender, and other predictors.

Results: The null hypothesis was rejected. Persons with colon cancer who suffered joint pain in the past 12 months were more than twice as likely to report that they cannot walk 1/4 mile without special equipment (24.5%) than those persons with colon cancer who did not have joint pain (10.7%) (Chi-Square=11.16, $df=3$, $p < .01$). These differences in mobility impairment remained significant after controlling for age, gender, and other predictor variables.

Conclusions: These findings highlight the need to assess and manage possible joint pain-related mobility impairment in persons with colon cancer. Further research will show the extent to which joint pain is also associated with major mobility impairment in persons with other chronic diseases.